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**WELL DRILLER'S REPORT**  
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 56407

1. OWNER Jerry Olson ADDRESS AT WELL LOCATION 92 Arab View Road Wellington Nev. 89444  
 MAILING ADDRESS P.O. Box 25 Wellington Nev. 89444  
 2. LOCATION SKN 1/4 S E 1/4 Sec 12 T 11 N/S R 23 E Lyon County  
 PERMIT NO. 10-191-15 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
sand top soil		0	2	2
hard pan + clay		2	35	33
sandy clay gray		35	40	5
gray clay		40	70	30
gray clay with yes gravel	yes	70	85	15
gray clay + sand yes	yes	85	100	15
pen gravel + sand yes	yes	100	120	20
gray clay		120	140	20

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 140 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>188</u>	<u>0</u>	<u>120</u>

Perforations:  
 Type perforation 1/16 x 3 factory  
 Size perforation 1/16 x 3  
 From 110 feet to 130 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 140 feet to 60 feet

9. WATER LEVEL  
 Static water level 60 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold °F Quality good

Date started April 14 20 06  
 Date completed April 18 20 06

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30</u>	<u>0</u>	<u>3 hrs</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Edmund Muller Drilling Contractor  
 Address P.O. Box 92 Contractor  
Smith 960 89430  
 Nevada contractor's license number issued by the State Contractor's Board 32166 A  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718  
 Signed Edmund Muller  
 By driller performing actual drilling on site or contractor  
 Date April 23 - 06